

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819). <h2 style="margin: 10px 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known Application Number: 10/712,391-Conf. #8225 Filing Date: November 12, 2003 First Named Inventor: Gerald B. Pier Examiner Name: C. L. Fronda Art Unit: 1652 Attorney Docket No.: B0801.70256US01	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT		(\$) 1,810.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							Small Entity Fee (\$) Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							52 26
Each independent claim over 3 (including Reissues)							220 110
Multiple dependent claims							390 195
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
-20 or HP= _____ x _____ = _____						Multiple Dependent Claims Fee (\$) Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
- 3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$) Fee Paid (\$)	
_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fee Paid (\$)
Other (e.g., late filing surcharge): 1501 Utility issue fee							1,510.00
1504 Publication fee for early, voluntary, or normal ...							300.00

SUBMITTED BY			
Signature:		Registration No. (Attorney/Agent): 48,207	
Name (Print/Type): Maria A. Trevisan		Telephone: 617.646.8000	
		Date: February 24, 2010	

x02.24.10

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).	
Dated: <u>February 24, 2010</u>	Electronic Signature for Nicole Millette Lapomardo: /Nicole Millette Lapomardo/